	519 R.C	DOFIOF CLEAN	Page 1		
Name of Debtor	Case Nu	ımber	RECT	OCT	0 9 2006
USA Commercial Mortgage Co	01-	-10725-LBR	ILOD	. .	•
0.511		36 10 125			H fillyra ann
NOTE See Reverse for List of Debtors and Case Numbers		<u></u>			HIGHTY DAND FILE
This form should not be used to make a claim for an administrative expeansing after the commencement of the case A "request" for payment o	ense	Check box if you are aware that anyone else has			2001
administrative expense may be filed pursuant to 11 U S C § 503	ran	filed a proof of claim relating			71176 SEP 25 A a 2
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		, -	
11321241001704					I COUR
TDS REVOCABLE FAMILY		Check box if you have never received any notices			CIFRE
TRUST DATED 9/29/98 C/O T DWIGHT SPER & BONNIE J SPER TRUSTEES		from the bankruptcy court or BMC Group in this case	DO NOT F	ILE THIS P	PROOF OF CLAIM FOR A T IN A BORROWER THAT IS NOT
1005 CYPRESS RIDGE LN		Check box if this address	ONE OF T	HE DEBTO	IN A BORROWER THAT IS NOT IRS
LAS VEGAS NV 89144-1425		differs from the address on the	If you ha	ave already	y filed a proof of claim with the
Creditor Telephone Number (24) 243 -5999		envelope sent to you by the court			BMC you do not need to file again
Last four digits of account or other number by which creditor identifies de	ebtor			SPACE R	3 FOR COURT USE ONLY
CliENT ID 2854		Check here replace or if this claim amen	a prev ds		d craim dated
Goods sold Personal injury/wrongful death	Retiree b	enefits as defined in 11 U S (§ 1114	(a)	Unremitted principal
Services performed Taxes	Wages, s	salanes, and compensation (f	ll out belo	w) [Other claims against service
Money loaned Other (described to the first		digits of your SS#		-	(not for loan balances)
- Carlot (Gooding Ministy)	Unpaid o	ompensation for services per	formed fro		to
2 DATE DEBT WAS INCURRED 7-11-05	3 IF CO	OURT JUDGMENT, DATE O	STAINED		date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the appropriate the tribe ages filed					
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ SECURED CLAIM					
Check this box if a) there is no collateral or lien securing your claim or b) is	nur claım	Check this box if you	ur claım ıs	secured I	by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	a right of setoff)			, ,	
UNSECURED PRIORITY CLAIM		Brief description of			<u></u>
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor V	ehicle	Other
entitled to priority Amount entitled to priority \$		Value of Collateral	\$	UNT	
		Amount of arrearage and secured claim, if any \$	d other cha	arges <u>at t</u>	ime case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_				
Wages salanes or commissions (up to \$10,000)* earned within 180 days	لسا	Up to \$2 225* of deposits towar services for personal family or	d purchase household :	lease or r use -11 U S	ental of property or S.C. 6 507(a)(7)
before fliing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan. 11 U S C § 507(a)(5)					
			raph of 11	usc §	507(a) ()
Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter With respect to cases commenced no or effect the data of equipment					
5 TOTAL AMOUNT OF CLAIM \$ \$ _5	0,00	0.1 1 15		9	
(unsecured)	(se	ocured) Interes	(pnonty)	· · · · · · · · · · · · · · · · · · ·	(Total)
Check this box if claim includes interest or other charges in addition to the	principal a	mount of the claim Attach item	zed staten	nent of all i	nterest or additional charges
6 CREDITS The amount of all payments on this claim has been credite	ed and de	ducted for the numose of me	kına thie n	roof of ale	3100
7 SUPPORTING DUCUMENTS Attach copies of supporting documents, such as propries and a support of the support of					
running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary					
8 DATE-STAMPED COPY To receive an acknowledgment of the fi	iling of yo	ur claim enclose a stamped.	nary self-addre	ssed env	elone and copy of this
				0000 0117	diobe and coby of fills
The original of this completed proof of claim form must be sent b	y mail or	hand delivered (FAXES NO	T	1	THIS SPACE FOR COURT
for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and					USE ONLY
governmental units) BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO BMC Group BMC Group					1
AM. 1104-014-01	BMC Group Attn USACM Claims Docketing Center				
P O Box 911	330 East I	Franklin Avenue			
El Segundo, CA 90245-0911 El	Segunda	√ ČΔ 90945			
The same and a diff of the o	reditor or o	other person authorized to file	4		
9-25-06 T, Dwight SPER, Tru		13/10/10/100	Malu		1